

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2166

State File No. ....

BIRTH NO. .... REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5030 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>Rolla</u>	
c. LENGTH OF STAY (In this place) <u>10 Minutes</u>		d. STREET ADDRESS (If rural, give location) <u>207 East Second Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Alfred Lacy RICHARDSON</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>January 4, 1951</u> (Month) (Day) (Year)
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>October 29, 1899</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R. R. Brakeman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>B &amp; O Railroad Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Albert Huffman RICHARDSON</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Summers</u>	14. NAME OF HUSBAND OR WIFE <u>Rosine Briot Richardson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-16-3856</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eva Richardson</u>	ADDRESS <u>207 E. 2nd. St. Rolla</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Alcoholism</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>3220</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 4, 1951, to Jan 4, 1951, that I last saw the deceased alive on Jan 4, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Myers M.D.</u>	(Degree or title)	23b. ADDRESS <u>Rolla, Mo.</u>	23c. DATE SIGNED <u>1-5-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>January 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-11-51</u>	REGISTRAR'S SIGNATURE <u>William C. Buckner</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Hallowell</u>	ADDRESS <u>1100 Elm Street Rolla, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

RECEIVED 1-11-51  
Pulaski County Health Officer  
DEC 27 1951  
File Number 278  
Date Filed 1-11-51

FEB 19 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Jerry D. Doane

working under my personal supervision.

Student Embalmer No.....382.....

Signed Jerry D. Doane  
Student Embalmer

Signed J. H. Holman

Licensed Embalmer No.....3643.....

P. O. Address.....Box 465, Rolla, Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.